GOVERNMENT OF THE DISTRICT OF COLUMBIA EXECUTIVE OFFICE OF THE MAYOR OFFICE OF BOARDS AND COMMISSIONS



Director Office of Boards and Commissions Executive Office of the Mayor 1350 Pennsylvania Avenue, NW Suite 302 Washington, D.C., 20004

Dear Director:

I hereby affirm that my taxes comply with **Federal and Commonwealth of Virginia** laws for the three most current tax years. I understand that this information is merely for the purpose of determining and verifying residence and does not include disclosure of my actual tax returns. I further understand that the verification that is received is not subject to dissemination to any individual outside of the Office of Boards and Commissions.

	(Please Print Name)
	(Signature)
	(Date)
(Please	Provide and Print Your Social Security Number,
	(Home Telephone Number)
	(Business Telephone Number)

GOVERNMENT OF THE DISTRICT OF COLUMBIA EXECUTIVE OFFICE OF THE MAYOR OFFICE OF BOARDS AND COMMISSIONS



TAX WAIVER FORM

This form is a Waiver Form for the Release of Virginia Tax Information from the Virginia Department of Taxation. Please return by facsimile to (202) 727-2359.

	(Date)
(Name of Taxpayer and Spouse if Tax Returns are Filed Jointly.)	-
(Address of Taxpayer)	-
I hereby give the Department of Taxation, Commonwealth of Virginia, consent to	release my tax information to an
authorized representative of the Office of Boards and Commissions. I understand the	nat the information released under this
consent will be limited to whether or not I am in compliance with the Commonwea	lth of Virginia's tax laws and regulations
as of If I am not in compliance, I further consent that the Virg	inia Department of Taxation may inform
the authorized representative whether or not I am maintaining a payment agreement	. I understand that this information is
merely for the purpose of determining whether or not I am in compliance with the re-	evenue laws of the Commonwealth of
Virginia and for verifying my place of domicile, but does not include disclosure of n	ny actual tax returns. I further understand
that the information that is received from the Virginia Department of Taxation purs	uant to this release will be placed in my file
that is maintained by the Office of Boards and Commissions and is not subject to di-	ssemination to any individual outside of the
Office of Boards and Commissions.	
(Signature of Taxpayer)	
(Signature of spouse, if tax return is filed jointly.)	